FILED

03-11-1999 90114 025 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000039916**1. Corporation Name

ERBY'S AUTO SALES, INC.

LIIDT G	NOTO SALLO, MO						
Principal Place	e of Business	Mailing Address			I TRBITEN IN INIO MILL NAVI COLL COL		
8954 S. HIGHWAY 441 8954 S. HIGHWAY 441		8954 S. HIGHWAY 441					
OCALA FL 34480 OCALA FL 34480					DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualifed	17110 017102	
					05/18/1995		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	l Ar	plied For
21	ace of Business	26			59-3315875	 -	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip _	Country		8. This corporation owes the current y		
24	25	29 30	0	-	Personal Property Tax.	☐ Yes	□ No
	9. Name and Address of Curre	nt Registered Agent	81	Nome	10. Name and Address of New Regis	stered Agent	
CODY	r, James L Sr.		6"	Hame Hand	gela D Erby		
	S. HIGHWAY 441		82	Street /	edress (P.O. Box Number is Not Acceptable)		
	LA FL 34480		83	465	NW 100th st	1	
OOA	EX 1 E 04400		83				ار' الر
			84	Sity C.C	Ja	FL 85 319	Code 475
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above	named (compration submits this statement for the pur	ose of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auff	norizea by i	tne corbo	oration's board of directors. I hereby accept the	appointment as re	gistered
	and accept the coup	ations of Cacilon con. soco, Frond	a olalatos.		ລ	-26-99	
SIGNATURE	Signature, typed or printed name of registered age	ent and title mapplicable. (NOTE: Re	egistered Agen	t signature re	driner wier resistating)		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TITLE	ľ	President	Change	Addition
NAME	ERBY, JAMES L SR.		1.2 NAME	ļ	Angela D. Erby		
STREET ADDRESS	8954 S. HIGHWAY 441		1.3 STREET	ADDRESS	465 NW 100th St		
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-ST		Ocala FL 34475	5	
TITLE	VP	☐ DELETE	2.1 TITLE		Vice President	Change	☐ Addition
NAME	ERBY, ANGELA D		2.2 NAME	l	Angela D. Erby		
STREET ADDRESS	465 NW 100TH ST		2.3 STREET	ADDRESS	465 NW 100th st		•
CITY-ST-ZIP	OCALA FL 34475		2. 4 CITY-S	T-ZIP	Ocala FL 34475	EV01	T Addition
TITLE		☐ DELETE	3.1 TITLE		Secretary Angela D. Enby	Change	Addition
NAME			3.2 NAME		465 NW 100th St		
STREET ADDRESS			3.3 STREET		Ocala F1 34475		
CITY-ST-ZIP			3.4. CITY-S			[V Changa	Addition
TITLE		☐ DELETE	4.1 TITLE	ľ	Treasure Angela D. Erby	(X)Change	T VOCIDOR
NAME			4 2 NAME		465 NW 100th St		
STREET ADDRESS			4.3 STREET		465 NW 100 3		•
CITY-ST-ZIP		□ nci ctc	4.4 CITY-ST	r-zip	ocala F1 34475	☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME			5.2 NAME 5.3 STREET	ADDDECC			
STREET ADDRESS			5.4 CITY-ST				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE)-LIF		Change	Addition
TITLE		["] OETG16	6.2 NAME]	•	Sungo	
NAME			6.3 STREET	ADDESS			
STREET ADDRESS			E GO STREET	, DOI GEOO			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.